Responses to provisional findings

1. Responses from the public

1.1 Member of public 1

I wish the Monitor team to note that the GP Consortiums within East Devon have consulted widely with the District Councils, local Community Hospital Leagues of Friends and held numerous public meetings where many members of the public took part.

The point that all these meetings heard was that they (the residents) wish to be linked to the Royal Devon and Exeter NHS Trust. They have all commented on the overall excellent care they have received. NO organisation is perfect considering the number of patients they have to care for. The RDE is linked to the Exeter Hospice and the Local Hospiscare organisations – Exmouth and Lympstone, Budeligh Salterton, Sidmouth and Exeter – all charities raising considerable amounts of money to care for patients. The majority of patients within East Devon are referred to the RDE unless for specialist service, as provided at Derriford or Bristol, but a local consultant is available. The RDE Consultants have responded to the need to have LOCAL consultant surgeries within the Community Hospitals to reduce the travel and parking issues to and from the RDE. I am sure this is because our GP's have worked with the Consultants.

Our GP's have had a great learning curve to ascertain what is available in the LOCAL communities. They have positively engaged with East Devon District Council and Devon County Council and the local Town and Parish Councils. The positives that came out of all the meetings they have held with the Local Councils and the many voluntary organisations has resulted in the residents accepting change. This is about providing better local services and it is succeeding. The change of Budleigh Salterton Community Hospital into a 'Health and Well Being Hub' will be successful because the local voluntary organisations, care providers and both Exmouth and Budleigh Salterton Hospital League of Friends are leading it. The residents have confidence in it.

There are big challenges to meet. The demographics for East Devon are very stark with an aging population. We have many people living on their own who need help but wish to be cared for at home to keep their independence. Voluntary Organisations are seeking them out to give them a better quality of life. Those of us in the Voluntary sector are working with the local GP Consortia to achieve this but it needs trust on all sides. The people trust the Royal Devon and Exeter NHS Trust – it is very important to them.

1.2 Member of public 2

Having briefly read your preliminary findings I would like to make the following points:

· At the stage at which NEW Devon CCG selected Royal Devon & Exeter Foundation Trust as the preferred provider, it had not obtained a level of detailed information from the prospective providers that would give it an adequate understanding of the scope of services to be provided, how the providers would deliver them and the cost of the services. Without this information the CCG could not, in our view, properly assess the prospective providers' capability of meeting the CCG's objective under the Procurement, Patient Choice and Competition Regulations1 and whether the providers' proposals represented value for money. However, because NEW Devon CCG plans to gather further information and carry out more analysis before reaching a final decision to award a contract, the CCG has not breached the Procurement, Patient Choice and Competition Regulations (section 6 of our report).

Can you explain how making the RD&E the preferred Provider for the services and not planning to award the contract to anyone else can become a valid decision provided the CCG states that they'll look at other information now Monitor have got involved. Even though everyone has been told verbally that the RD&E has won the contract and that there will be no delays in procurement and the original timescales are still likely to go ahead?

The wording for the 6 questions has been carefully crafted to ensure that RDE gets Eastern, Plymouth gets Western and Northern Devon gets Northern

Para 67: Q1 – how the service would fit within the localities urgent care system.

If you're not asking for costs (para 72) how can you work out whether a bid is comparable to others. If the bid value is approx £50m and one organisation submits a tender stating what it can and will do – but has costed to remain within the £50m notional ceiling, and another has submitted a bid but which has not been costed, or has been costed in excess of £50m how can this be equitable?

The CCG has made the decision to award the contract to the RDE and following the intervention by Monitor has said that it has not awarded the contract – but only announced a preferred supplier, and that it will then ensure that the efficiencies/costs are suitable. In other words, we want to give the contract to the RD&E, give us some time and we'll make up some data to fit our decision.

Even the CCG admitted that it wanted to award the Eastern contract to the RDE (para 119), but it changed it's mind and was open to other providers. Care UK and Devon Partnership Trust also knew that the CCG was going to award the contract to the RDE (para 121 and 122).

[✂]

With the 'Success Regime' announced for Devon as a whole as it is a failing health economy – if that finds or suggests that things should be worked differently from the proposed changes – will that override the procurement process?

1.3 Member of public 3

I read with interest your provisional findings regarding the investigation into how the NHS Northern, Eastern and Western Devon CCG selected the RD&E NHS foundation as the preferred provider. In particular the comments from Catherine Davies, Executive Director of Cooperation and Competition at Monitor which refer to the CCG needing to "ensure that it gets the right results for patients using community services."

From previous correspondence you will probably be aware of the communications from September 2014 until January 2015 regarding the positioning of the NEW Devon CCGs "Transforming Community Services" paper. With the level of disagreement from the community in the Eastern locality regarding the CCGs proposal, a stakeholder group comprising interested parties from the five towns of Axminster, Seaton, Honiton, Sidmouth and Ottery St. Mary was set up in January of this year. The final numbers were three individuals from each location being councillors, GPs, members from the Leagues of Friends and PPGs. The meetings were independently chaired and members of the CCG were present at all sessions. The aim of the group was to assist the CCG in ensuring that the services offered were optimised for the whole community. Specific Terms of Reference were drawn up and regular meetings held. The culmination of the deliberations was such that the group developed into a coherent, cross community assembly considering the needs of the whole of the Eastern locality. In May of 2015, the group set aside two full days to consider proposals for both Community hospital bed requirements and Minor Injury Services. Criteria were established and agreed by all for assessment of the following proposals.

Community Hospital Beds.

1. Minimal change to maintain the provision of inpatient services in all towns.

2. No inpatient services in any community hospital.

3. Inpatient beds in all community hospitals.

4. Consolidation of general medical community inpatient beds in three community hospitals.

5. An integrated approach to the provision of future services. (*This was subsequently considered to be a pre-requisite for all future plans in line with the NHS 5 year forward view put forward by Simon Stevens.)*

Minor Injury Services

1. Maintain the status quo.

2. No minor injuries services in any town

3. Minor injury services in hours in each town and urgent care centre in Honiton out of hours.

4. Urgent care centre in Honiton in and out of hours.

The group went through a rigorous process of assessment using the criteria from both mixed community groups and by town.

The outcome was three recommendations to the CCG, supported by community funds where necessary, to meet the both needs of the people of the Eastern locality and the CCGs desired cost saving. The first two were positioned with a two year horizon to give the CCG sufficient time to carry out the detailed needs analysis that had not been completed to the community's satisfaction as part of the TCS submission in September 2014.

The recommendations are as follows:

1. The reference group would recommend that option 3; provision of community hospital beds in each community hospital is adopted pending the introduction of a new integrated service.

2. The reference group would recommend that option 3; provision of minor injury services in each town 'in -hours' and a single site providing minor injury services 'out -of -hours ' is adopted pending the introduction of a new integrated model of care.

3. The group does support change but strongly recommend that any reduction in the baseline configuration and capacity of community hospital inpatient beds and minor injury services, as described previously in this document, is premature and counter -productive in advance of the CCG understanding and designing the new model of care in the Wakley sub -locality that aligns with the NHS 5 year forward view.

The full report containing the details of the proposals and recommendations may be found on pages 62 to 83 in the 27th May papers at:

http://www.newdevonccg.nhs.uk/your-ccg/eastern-devon/eastern-devon-board-meetings/2015-locality-board-papers-and-minutes/101361

The analysis carried out by members of the stakeholder group to arrive at both the proposals and subsequent recommendations has been detailed and considerate. There was always a sympathy with the CCG regarding both their finances and resources and as such the recommendations have been positioned to enable them to meet their proposed savings targets whist delivering services that are considered paramount to the community.

Engaging the Royal Devon and Exeter Foundation Trust as the integrated provider of both acute and community services to the eastern locality appears to be the correct decision. However I would urge Monitor to ensure that the NEW Devon CCG have listened to and taken on board both the recommendations and further support offered by the Wakley stakeholder group and fully discussed the provision of such services with the future provider.

1.4 Member of public 4

1. I was pleased to read that you supported the method adopted by the CCG in the procurement of Community Services. The future of Moretonhampstead Hospital and the services available to the community, have caused great disquiet over the last few years. The hospital served the rural community of Dartmoor and environs for decades. However, in the last few years, North Devon Healthcare Trust proved to be unreliable in the smooth running of the hospital. The community never knew when the hospital was going to be open or closed. The reasons for the closures seemed to vary each time the problem was discussed with them in the media.

2. This is a rural community and public transport is sparse. Access to medical services in Exeter or Okehampton is often difficult for the patients, many of whom are elderly. THE CCG understood this problem from the comments addressed to them at the numerous public meetings concerning Moretonhampstead Hospital. The CCG has undertaken substantial research work in the communities to establish what medical services are required. This shows the sympathy the CCG has for patients.

3. I also learn from attendance at the Mid Devon Meetings that NDHT showed a similar cavalier attitude to other community hospitals in the CCG area. The Mid Devon PPG meetings comprise representatives from all the medical practices in the CCG area. The extent of the disquiet with the way NDHT handled community services was therefore widespread.

4. Your report indicates that the CCG provided a robust and transparent tendering process. In doing so, they had patient care at the forefront of their thoughts and requirements. This philosophy exists today and is evidenced at the meetings that I attend. It is quite different to the insecure philosophy provided by NDHT in running community services. It is pertinent to note, that since the Hospital Steering Committee has been formed and meeting monthly, attendance by NDHT has been sparse and infrequent. In the members view this illustrates the low level of importance given by NDHT to the needs of the community that they are supposed to serve.

5. NDHT had the same opportunities as other providers in tendering for Community Services. In fact, they had an advantage as they had been ‘running’ the

Hospital for a number of years. It now appears their tender did not provide confidence to the CCG concerning Community Services in the Devon area.

I applaud the report and the findings and hope that you will confirm the findings, which serve the needs of the community.

2. Response from providers

2.1 Devon Doctors

Devon Doctors is grateful to Monitor for its work. The recommendation comes at a time when Devon Doctors is part way through the procurement process for community urgent care services across NEW Devon. The publication of your early findings is timely and helps us (and other potential bidders) as we seek to develop integrated partnerships with local NHS providers of services.

We have no objections or other information to add which would impact upon this Report which we accept as a fair and reasonable investigation with an outcome that on balance supports patients and the local health community across NEW Devon – and may even benefit other areas across England with similar issues and difficulties.

3. Responses from local GPs

3.1 GP 1

Initial response:

I have read Monitor's report with interest and support its conclusions.

As a GP serving a very rural area (our hospital is 28 miles from our DGH) I would like to register a relevant concern on behalf of my practice in response to this paragraph:

“At this stage our view is that the CCG still needs to take a number of steps to ensure it gets to the right result for patients using community services. Local people and interested organisations now have the opportunity to comment by 26th June on our assessment before we make our final decision.”

The CCG's "Transforming Community Services" strategy has ignored clear and specific feedback concerning their proposed transfer of beds in some community hsopitals in East Devon to other sites and the transfer of Minor Injuries Services to a central "Urgent Care Centre" in Honiton. My community vigorously protested about the removal of beds from Axminster Hospital and large numbers of people made it crystal clear that beds in our won community were not the same as beds in another town, especially because transport links are poor and ownership of cars relatively low in the elderly population. We were also that removing MIU services during the day failed to acknowledge that people wished to receive these as locally as possible

, in their GP surgeries or community hospitals if possible (as has been the case up to now). Despite these clear messages the CCG has proceeded with its plans.

The Eastern Locality of the CCG did set up and facilitate a consultation process with elected and other representatives from each of the 5 towns in our "Wakley sub-locality" and this produced a very clear report recommending retention of beds in all hospitals and of MIU services in GP practices during their opening hours. This is a comprehensive and measured report which Monitor should review. Unfortunately it was presented to the Eastern Locality board with comments from a locality officer which did not display the even-handedness which should be displayed by public officials, criticising its assumptions and purported weaknesses while ignoring the assumptions and weaknesses in the Locality's own plans.

We therefore urge Monitor to ensure, both in the process to which I am responding and in its contribution to the "Success Regime", that the wishes and needs of the rural population served are acted on rather than ignored in the planning of service changes. Acting on the Wakeley Stakeholders' Group recommendations is a clear and obvious way of fulfilling this aim.

Additional response:

I wonder if Monitor would be interested to know that NDHT have embarked on another consultation process about making substantial cuts in community services in NEW Devon. These events have been arranged at short notice, have not been widely publicised and despite being a senior GP I have not been invited. I have checked with colleagues in other practices and our commissioning board members to find that neither they, nor the CCG have been informed.

I bring this up because Monitor had raised concerns about the CCG needing to do more to establish what communities wanted yet on the face of it this looks like a similar issue which is current.

3.2 GP 2

There seems to have been little public consultation about this, certainly at a patient level. The first I heard about it was from an email sent by the Northern Press office to the Crediton Courier on 12 June. And we have only until the 26 June to comment (people away on holiday etc).

It seems that the CCG's plans to commission services for the Eastern locality at the RD&E Trust is now meeting with provisional approval by Monitor.

What concerns people in Crediton is whether transfer to the RD&E Trust will enhance our local services and reduce the risk of Eastern Division Community Hospitals being transferred to NHS Estates where there is often a risk of sell-off. The CCG has not consulted properly over the closure of Community Hospital in-patient beds in Crediton, and their ideas for Care Closer to Home have not been formulated or costed, resulting in premature closure without any alternative

provision. Examples on the ground suggest that the latter is likely to be hugely expensive and unsatisfactory, especially the recruitment of suitable staff in sufficient numbers for effective 'Care at Home', leading to marked deterioration in services.

In short, I would hope that any transfer to the RD&E Trust would resolve these concerns.

4. Response from patient groups

4.1 Devon Health and Social Care Forum

The Forum (*) notes the findings of your initial report and welcomes the opportunity to submit further comments on these based on local observation and understanding and through engagement as lay members/reference group members with the NEW Devon CCG and other health and care bodies/organisations in Devon, including the Eastern Locality- the subject of your investigation.

You note that there has been extensive public engagement (para. 113), however the 'process' employed by the NEW Devon CCG to consult with the public about the TCS (transforming community services) Strategy – the vehicle purported to be the basis for the procurement of a provider for community services, including the management and ownership of the local community hospitals was, unsatisfactory - lacking and bereft of any financial and operational evidence and ignoring people's/public concerns. Thus, the Forum challenges NEW Devon's self-reported statement claiming support from those consulted for their proposal/model of community services provision.

During all public consultations concerns were raised about lack of assurance about the only model consulted upon, **based** on re-configured / reduced use of community hospital in-patient facilities –and – crucially so on 'community services' – not in existence or to capacity. Requests for evidenced audits for actual need of community in-patient facilities in support of care (and where necessary 'clinical/medical care' closer to home - and in the face of lack of Local Authority and Private Nursing/Care homes and domiciliary care provision – were - throughout the consultations and are still - not available.

At para.113 of the report you say " NEW Devon CCG undertook extensive public engagement when considering how community services could be improved." However The Forum, for the reasons quoted above, does not consider this engagement was sufficiently robust to capture the publics' **informed views** and although at para.202 you conclude "It appeared to us that the time and resources the CCG devoted to commissioning community services for adults with complex care needs was commensurate to the value, complexity and clinical risk of the services." The Forum challenges the quality of this engagement.

The Forum understands that contracts made by the CCG with the current provider (block contract) , and 'circumstantial' benefits to the acute provider but dis-benefit to the Primary and Community Services would be avoided with the procurement of the community services contract from the Acute Provider.

It is the Forum's modest view that joined-up care provided by the Primary and Secondary Sector and the Local Authority will ensure a framework of service provision, less fragmented than now, serving communities better.

At para's. 197-200 you clearly set out what action you would expect from NEW Devon CCG in awarding a contract. The Forum would also expect the CCG to formally engage with the public over the detailed proposals by the provider to ensure that these do truly reflect the wishes of the public (including local variations) whilst in keeping with the Commissioning principles, priorities and objectives as set out in Appendix 5 of your report.

In conclusion, The Forum wishes to thank you for this opportunity to respond to your provisional findings and hopes that this process may be concluded as quickly as possible to allow NEW Devon CCG to commission these vital services within the NHS 5YFV and the work under the 'Success Regime', now in progress.

End.

(*)
Devon Health and Social Care Forum (DHSCF)

Devon Health and Social Care Forum Terms of Reference

The aim of the Devon Health and Social Care Forum is, through co-operation with other groups, to contribute to the improvement of health and social care services in Devon. In particular, the Forum will monitor provision in those two sectors, and it will act as a central point of reference for the exchange of information and experience amongst its members and the Public. It will feed concerns about provision of services to the appropriate body for comment and, if necessary action and resolution, citing appropriate evidence.

The above terms of Reference were approved unanimously by the Forum at its inaugural meeting on 25 June 2008.